DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC O(4) ID PAGE AND A STREET ADDRESS, CITY, STATE, 2P CODE 577 IE SPEED RD MILLTOWN, IN 47445 PAGE AND A STREET ADDRESS, CITY, STATE, 2P CODE 577 IE SPEED RD MILLTOWN, IN 47445 PAGE AND A STREET ADDRESS, CITY, STATE, 2P CODE 577 IE SPEED RD MILLTOWN, IN 47445 PAGE AND A STREET ADDRESS, CITY, STATE, 2P CODE 577 IE SPEED RD MILLTOWN, IN 47445 PAGE AND A STATE AND A	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC SITE SPEED RD MILLTOWN, IN 47145 (24) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SECOND STATE SPEED RD MILLTOWN, IN 47145 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 000 INITIAL COMMENTS W 000 INITIAL COMMENTS W 000 This visit was for the investigation of complaint #IN00103851. Complaint #IN00103851-Unsubstantiated due to lack of evidence. Dates of Survey: February 13 and 14, 2012. Facility number: 000982 Provider number: 150468 AIM number: 100385300 Surveyor: Dotty Walton, Medical Surveyor III. Blue River Services, Inc. was found to be in compliance with 42 CFR, part 483, subpart I and 460 IAC 9 in regard to the investigation of complaint #IN00103851. Quality Review was completed on 2/22/12 by Tim			150,469	A. BUILDING B. WING					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 000 INITIAL COMMENTS This visit was for the investigation of complaint #IN00103851. Complaint #IN00103851-Unsubstantiated due to lack of evidence. Dates of Survey: February 13 and 14, 2012. Facility number: 000982 Provider number: 15G468 AIM number: 100385530 Surveyor: Dotty Walton, Medical Surveyor III. Blue River Services, Inc. was found to be in complaint #IN00103851. Quality Review was completed on 2/22/12 by Tim	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 5771 E SPEED RD			4/2012	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		Facility number: 00 Provider number: 15 AIM number: 10 Surveyor: Dotty Walto Blue River Services, I compliance with 42 C 460 IAC 9 in regard to complaint #IN001038 Quality Review was of Shebel, Medical Surv	on, Medical Surveyor III. Inc. was found to be in FR, part 483, subpart I and the investigation of 51. completed on 2/22/12 by Tim eyor III.						

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.